

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

AMY ✓

Form Approved
OMB No. 2040-0004

Permittee Name/Address (include Facility Name/Location if different)

Name: Bledsoe County Correctional Complex
Address: Bledsoe County Correctional Complex
1045 Horsehead Rd.
Pikeville, TN 37367

Facility: Bledsoe County Correctional Complex

Location: 1045 Horsehead Rd.

Attn: Bruce Fields

TN0078263	001-G
Permit Number	Discharge Number

Monitoring Period:			
FROM:	MM/DD/YYYY	TO:	MM/DD/YYYY
	9/1/2016		9/30/2016

DMR Mailing ZIP CODE: 37367

MINOR

MAJ

DESIGN CAPACITY OF 0.06 MGD

External Outfall


NODI CODE Value Dictionary:

4 - Discharge to Lagoon/Groundwater ▼

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. Ex.	ANALYSIS FREQ.	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH (00400) (All Year) (Effluent Gross)	SAMPLE	****	****		6.8	****	6.8		1	Monthly	GRAB
	LIMIT	****	****	***	6.50 MINIMUM	****	9 MAXIMUM	SU			
Solids, total suspended (00530) (All Year) (Effluent Gross)	SAMPLE	****	****		****	****	x.x		1	Monthly	GRAB
	LIMIT	****	****	***	****	****	40 DAILY MX	mg/L			
Solids, settleable (00545) (All Year) (Effluent Gross)	SAMPLE	****	****		****	****	.0		1	Monthly	GRAB
	LIMIT	****	****	***	****	****	0.50 DAILY MX	mL/L			
Iron, total (as Fe) (01045) (All Year) (Effluent Gross)	SAMPLE	****	****		****	****	.07		1	Monthly	GRAB
	LIMIT	****	****	***	****	****	2 DAILY MX	mg/L			
Aluminum, total (as Al) (01105) (All Year) (Effluent Gross)	SAMPLE	****	****		****	****	.12		1	Monthly	GRAB
	LIMIT	****	****	***	****	****	0.75 DAILY MX	mg/L			

Attention: if reporting a No Discharge (NODI) code for a particular parameter the value must be entered as "NODI={VALUE}." E.G. : "NODI=9" if monitoring not required.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Bruce Fields	TELEPHONE	DATE
Bruce Fields			423-881-4409	10/4/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



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	9/1/2016		9/30/2016

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. Ex.	ANALYSIS FREQ.	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant (50050) (All Year) (Effluent Gross)	SAMPLE	****	508175		****	****	****		1	Monthly	INSTAN
	LIMIT	****	RPT DAILY MX	Mgal/d	****	****	****	****			
Chlorine, total residual (50060) (All Year) (Effluent Gross)	SAMPLE	****	****		****	****	.0		1	Monthly	GRAB
	LIMIT	****	****	****	****	****	0.01 DAILY MX	mg/L			

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